

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF STATE CORPORATIONS DIV

## Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company

liability comp	pany's resident agent in Rhode Island	is:
State	DHODE ICLAND	Zip Code
	KHODE ISLAND	02903
arate from its	s member	
the limited lia	ability company if it is determined at th	e time of organization:
State		Zip Code
RI		02903
	State Organization to be treated arate from its	State RHODE ISLAND  Organization and any written operating agreement to be treated for purposes of federal income taxatical arate from its member the limited liability company if it is determined at the State

**FILED** 

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By \* 268134

Form No. 400 Revised: 2015

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:						
Membership interests may only be transferred in accordance with the provisions of the Operating Agreement.						
			Chec	k this box to indicate attachment		
7. The Limited Liability Company is to be managed by:						
You MUST check one box:   √ Its member(s) (If you have checked this box.	skip	to Section 8. Do	not fill out t	the chart below.)		
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)						
MANAGER BUSINESS AL	DRE	SS				
		<u></u>				
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			· •			
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX						
		· · · · · · · · · · · · · · · · · · ·	· · · · · ·			
Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the day of filing)						
Under penalty of perjury, I declare and affirm that panying attachments, and that all statements con	l hav taine	re examined thes d herein are true	e Articles of and correct	f Organization, including any accom-		
Name of Authorized Person		Address				
Matthew J. Leonard, Esq.		321 South Main Street, Suite 301				
City/Town	Sta	te	Zip Code	······································		
Providence	R	I	02903			
Signature of Authorized Person				Date		
Ma Th				February 4, 2016		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

